



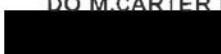



RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND-UPDATE		MONTH JANUARY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
1/1/21	BANK BALANCE WELLS FARGO BANK 		\$946,873.62		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 349.00			
	TOTAL		946,524.62		
RECEIPTS THIS MONTH					
1/11/2021	PARTNERS FOR A SAFER AMERICA	\$250,000.00			
1/12/2021	PARTNERS FOR A SAFER AMERICA	\$91,925.00			
1/ 19 /2021	Reversal Check #1976 IWF 21-001	\$321.66			
	TOTAL		\$342,246.66		
1/31/2021	BEGINNING BALANCE PLUS RECEIPTS		\$1,288,771.28		
DISBURSEMENTS THIS MONTH					
1/12/2021	Check #1976 DIRECTV	\$321.66			
1/12/2021	Check #1977 FASTSIGNS	\$658.10			
1/12/2021	Check #1978 RKM COMMUNICATIONS	\$1719.23			
1/12/2021	Check #1979 CULINARY DEPOT	\$7404.82			
1/12/2021	Check #1980 RKM COMMUNICATIONS	\$337.50			
1/13/2021	Check #1981 CULINARY DEPOT	\$2841.53			
1/13/2021	Check #1982 PRECISION DYNAMIC CORP	\$9273.88			
1/15/2021	Check #1983 1-800-WHEELCHAIR.COM	\$480.00			
1/21/2021	Check #1984 DIRECTV REPLACEMENT CHECK	\$321.66			
1/28/2021	Check #1985 RKM COMMUNICATIONS	\$1493.78			
1/28/2021	Check #1986 GUARDIAN RFID	\$12,500.00			
	WELLS FARGO SERVICE FEE	45.17			
	TOTAL		\$37,397.33		
			\$1,251,373.95		
ENDING BALANCE					
1/31/2021	BANK BALANCE		\$1,278,633.80		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$27,259.85			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,251,373.95		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 5/12/2021	AUDIT COMMITTEE JEFF WONG N2799  DAWN KELLEHER G8361 		PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 01/05/2021		ITEM(S) REQUESTED: DirecTV		CONTROL NUMBER IWF- 21-001	
Submitted by: D.O. Camarena		Serial No. N4206		Assignment: MJS/CSD	
Type of Expenditure:		Facility		Section O/C Approval Signature: [Redacted] Serial No. 32705	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS	Admin Section Review Signature [Redacted]		
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL			
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV Invoice #018835073X210102, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost: \$321.66		Actual Cost: \$321.66		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 DirecTV		Customer Service		888-388-4249 \$321.66	
2					
3					
Vendor Selected: DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: <u>Orlando Chawder</u>		[Redacted Signature]		Serial No.: 26288 Date: 01/12/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: <u>Sgt II B. Valle</u>				Serial No.: 35110 Date: 1/12/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: <u>S. Yin</u>				Serial No.: 36468 Date: 12/05/2021	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required If Over \$40,000 Commanding Officer, SSC:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required If Over \$50,000 Commanding Officer, ASB:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
1/6/21		Fast Signs				INF 21- 002	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS	[REDACTED]	06484
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input checked="" type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
(12) Aluminum Signs / designs and set up fees, concerning Penal Code 2028(a) and 4023.6(a). Quote/Estimate total \$658.10. This quote does not include installation (which can be requested from GSD).							
Justification for expenditure (how will the expenditure benefit inmates):							
At the direction of Captain Gary Newton, he requested the vendor, FastSigns, to provide a quote for 12 new aluminum bilingual signs. There will be (2) signs placed at each Regional and Area jails. The signs are required to meet the 2021 legislative changes to above penal code sections regarding an incarcerated person who is pregnant and their rights to medical treatment. The law requires the information to be displayed in an area where an inmate may be able to read them.							
Reason City resources were not used for expenditure:							
There are no City funds for this purchase.							
Estimated Cost:		\$658.10		Actual Cost:		\$658.10	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	FastSigns	Sheldon Gifford		[REDACTED]		\$658.10	
2				-			
3				-			
Vendor Selected:		FastSigns		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	ORLANDO CHANDLER			26258		01-12-2021	
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	GARY NEWTON			47010		01-06-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Sgt 11 B. Valle			35110		1-12-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:			Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:			Signature:		Serial No.:	
						Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER			
12/15/2020		Replacement of 100 Security CCTV CPU				IWF 4-003			
Submitted by:		Serial No.		Assignment:		Phone:			
D.O. Marie Graham		N3073		CSD/VJS					
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input type="checkbox"/>	REOC CURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	27583			
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature			
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):									
Upgrade CCTV CPU in [REDACTED] to Vostro 3000 Desktop, 9th gen IntelCore i7-9700 (8-core, 12mb Cache, up to 4.7GHz with intel Turbo Boost technology. Installation of Verint Hardware.									
Justification for expenditure (how will the expenditure benefit inmates):									
This is an older CPU, it is not working well with the windows 10 upgrades and i3 processor. This CPU is no longer able to perform video live view, there are skips and delays. Presently there is a loaner CPU in place. The new computer will be able to work well with Windows 10 platform and have a i7 processor. The new CPU will assist in the monitoring of the arrestees housed in [REDACTED] assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.									
Reason City resources were not used for expenditure:									
Expenditure was not included in the City's budget and directly benefits arrestees.									
Estimated Cost:		1719.23		Actual Cost:		1719.23			
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	R.K.M Communications	Robert Martin		[REDACTED]		1719.23			
2									
3									
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:		
[Signature]		26288			1-12-2021				
Member Name:		Serial No.:			Date:				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	[Signature]				47016		01-12-21		
Member Name:				Serial No.:		Date:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle				35116		1-12-21		
Required If Over \$40,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED		CONTROL NUMBER	
12/23/20		Electric Convection Oven		FWF 21 004	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Culinary Depot Quote / Job Reference Number: 71328 (attached); Hobart Convection Oven HEC501-480v Ph3, with three year extended warranty, additional lift gate delivery fee and sales tax.					
Justification for expenditure (how will the expenditure benefit inmates):					
Hobart model HEC501-480v is the modern replacement for the current B/O oven at 77th Regional Jail; Stainless steel full size, single deck, 500 degree temperature, 60 minute timer, 2 speed fan, 480 volts, Phase 3 electrical. The oven is used to heat inmate meals to required temperatures before being served. Extended warranty is for 3 years past 1 year standard warranty for parts, labor, and travel. Lift gate fee for delivery to 77th RJS (which has no accessible loading dock). Culinary Depot was selected based on past business dealings, after considering multiple other brand ovens and price.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$7,404.82		\$7,404.82		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Culinary Depot		Pnina Massoth		[REDACTED]	
2					
3					
Vendor Selected:		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
Culinary Depot					
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Serial No.:		Date:
	Orlando Chandler		26286		01-04-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:
	Gary Newton		47010		01-04-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:
	Sgt II B. Valle		35110		01-04-21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 12/30/2020		ITEM(S) REQUESTED: Service Call [REDACTED]		CONTROL NUMBER IWF 21-005	
Submitted by: D.O. Marie Graham		Serial No.: N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [REDACTED]	
REOC CURRING		MJS		Serial No.: 27503	
X NEW		77TH		Admin Section Review Signature: [REDACTED]	
OTHER (explain below)		X VJS		OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<p>[REDACTED] PDO Rodriguez obtained authorization for RKM Communications dispatch [REDACTED] from Captain Chandler.</p> <p>RKM recycled camera system, and reloaded software all cameras came back up, adjustments made on one camera for focus.</p>					
Justification for expenditure (how will the expenditure benefit inmates):					
The expenditure was necessary for Jail Personnel to have access to live and recorder Video feed to help ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 337.50		Actual Cost: 337.50		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate	
1 R.K.M Communications		Robert Martin		337.50	
2					
3					
Vendor Selected: R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: [REDACTED]		Serial No.: 26288 Date: 1-12-2021			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt II B. Valle		Serial No.: 35110 Date: 1-12-21			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: GARY NEWTON		Serial No.: 47016 Date: 01-12-21			
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:		Signature: [REDACTED]		Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 11/06/2020		ITEM(s) REQUESTED: Reach-In Freezer		CONTROL NUMBER INF 21 - 006	
Submitted by: Allen Hayden		Serial No. N4461		Assignment: 77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted]	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	6484		
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature: [Redacted]		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Culinary Depot Quote Number: 68202; Migali C-2F-HC, 49 Cu. ft., 2 door, 51.7 x 31.5 x 82.87 inch, Reach-In Freezer. Plus tax and additional lift gate delivery fee.					
Justification for expenditure (how will the expenditure benefit inmates):					
This unit will replace the current B/O unit at 77th Regional Jail and store frozen inmate meals at the required temperature. The previous freezer unit has reached end of life after multiple repair attempts over the last several years. This replacement unit selected (*other) based on the restrictive exterior dimensions to fit into the available Kitchen space and the inner dimensions needed to hold as much product as possible (48 cases). The jail currently only has one (1) working (walk in) freezer which also has a break down history as recent as (Oct. 2020), it is imperative to have an additional freezer unit. Culinary Depot was selected based on competitive pricing for this space restrictive sized item and their excellent communications when discussing our needs.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost: \$2,841.53		Actual Cost: \$2,841.53		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Culinary Depot		Chase Mckenna		888-845-8200	
2				- -	
3				- -	
Vendor Selected: Culinary Depot		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER		Serial No.: 26288		Date: 12/7/20
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47010		Date: 12/8/2020
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle		Serial No.: 35110		Date: 11/16/20
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
10/08/20		RFID CHIPS		INF 21-007	
Submitted by:		Serial No.:		Assignment:	
SDO BRYANT		N4517		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
36 BAGS OF RFID CHIPS					
Justification for expenditure (how will the expenditure benefit inmates):					
The payment is for 36 bags of RFID chips. These chips are used with the Guardian system to track inmate activity. The chips are a unique identifier to each inmate. The RFID chips show real time tracking on inmates when staff conduct inmate welfare checks. These RFID chips directly benefit the inmates.					
Reason City resources were not used for expenditure:					
No City funds are allocated.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$ 9,273.88		\$ 9,273.88		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1	Precision Dynamics Corp	Bill Musolf			
2					
3					
Vendor Selected:		Precision Dynamics Corp		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Serial No.:		Date:
	CAPTAIN ORLANDO CHANDLER		26288		11/13/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:
	GAR7 NEWTON		47010		01/14/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:
	Sgt II B. Valie		35110		11/13/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Serial No.:		Date:

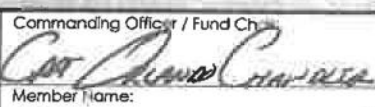
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER				
01/12/2021		Canes				IWF- 21-008				
Submitted by:		Serial No.		Assignment:		Phone:				
D.O. Camarena		N4206		MJS/CSD		[REDACTED]				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.				
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED] 32765				
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:				
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain)					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):										
Drive adjustable height offset cane. Quotation # Q10.10766										
Justification for expenditure (how will the expenditure benefit inmates):										
Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.										
Reason City resources were not used for expenditure:										
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.										
Estimated Cost:		\$480.00		Actual Cost:		\$480.00				
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)										
Company Name		Contact		Phone:		Estimate:				
1	1-800-WHEELCHAIR.COM	Lisa Stapley		800-320-7140		\$480.00				
2										
3										
Vendor Selected:		1-800-WHEELCHAIR.COM		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other				
DO NOT WRITE BELOW THIS LINE										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		01/13/2021			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	SALLY NELSON				Serial No.:		Date:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	S. YIN				47610		01/14/21			
Required if Over \$40,000		Commanding Officer, SSG:		Serial No.:		Date:				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					36468		01/13/2021			
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied										

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/13/2021		New replacement camera to Cell [REDACTED] Camera		IWF 21-009	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Serial No. 33565					
Admin Section Review Signature: [REDACTED]					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On 01/12/2021 the front camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
[REDACTED] This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		[REDACTED]		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt 11 Brian Valle		35110	
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED:		ITEM(S) REQUESTED:		CONTROL NUMBER:	
1/22/2021		Guardian Renewal Fee		IWF21 - 010	
Submitted by:		Serial No.		Assignment:	
SDO.BRYANT		N4517		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input checked="" type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Admin Section Review Signature:	
				Serial No.	
Description of expenditure (include detailed information, i.e., make, model, accessory equipment, size, installation requirements, etc.):					
Real time inmate management hardware/software.					
Justification for expenditure (How will the expenditure benefit inmates):					
The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).					
Reason City resources were not used for expenditure:					
No city funds are allocated. Guardian is considered [REDACTED] vendor based on devices, features, software, and support.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$12,500.00		\$12,500.00		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate:	
1 Guardian RFID		Paul Baze		\$12,500.00	
2					
3					
Vendor Selected:		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
Guardian RFID					
DO NOT WRITE BELOW THIS LINE					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Ch. 		Serial No.: 26256	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Gary Newton		Date: 01-25-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt U B. Valle		Date: 01-21-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Assistant to the Director, OSO: Signature:		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Director, Office of Special Operations: Signature:		Date: 1-21-21	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/25/2021		Two new Aiphone units for back gate intercom		IWF 21-011	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.					
Justification for expenditure (how will the expenditure benefit inmates): The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail; all visitors need to contact jail personnel through this unit. 15.2 was completed and ITA responded with bid for repairs. (Attached) Second bid provided from RKM					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
799.19		799.19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		799.19	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: ORLANDO CHANDLER		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No.: 47818	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II B. Valle		Serial No.: 35110	
Required if Over \$10,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC:		Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
01/13/2021		New replacement camera to Cell [REDACTED] Camera				IWF 21-009	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Marie Graham		N3073		CSD/VJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
On [REDACTED] camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]							
Justification for expenditure (how will the expenditure benefit inmates):							
[REDACTED] This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		1493.78		Actual Cost:		1493.78	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	R.K.M Communications	Robert Martin		[REDACTED]		1493.78	
2							
3							
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			[REDACTED]		Serial No.:	Date:
	CAPTAIN QUINN CHANDLER					26288	1/25/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			[REDACTED]		Serial No.:	Date:
	GARY NEWTON					47010	01/28/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			[REDACTED]		Serial No.:	Date:
	Sgt 11 Brian Valle					35110	1/25/21
Required Over \$40,000		Commanding Officer, ASB:		Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							
Required Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 1/22/2021		ITEM(S) REQUESTED: Guardian Renewal Fee		CONTROL NUMBER IWF21 - 0/0	
Submitted by: SDO.BRYANT		Serial No. N4517		Assignment: CSD	
				Phone: [REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Admin Section Review Signature: [REDACTED]					
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Real time inmate management hardware/software.					
Justification for expenditure (how will the expenditure benefit inmates):					
The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).					
Reason City resources were not used for expenditure:					
No city funds are allocated. Guardian is considered a [REDACTED] vendor based on devices, features, software, and support.					
Estimated Cost: \$12,500.00		Actual Cost: \$12,500.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Guardian RFID		Paul Baze		[REDACTED]	
2				-	
3				-	
Vendor Selected: Guardian RFID		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair [Signature]		Serial No.: 26258		Date: 01-25-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47010		Date: 01-21-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt U B. Valle		Serial No.: 35110		Date: 1-21-21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assistant to the Director, OSO:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director, Office of Special Operations:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
02/04/2021		DirecTV				IWF- 21-013		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIG Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED]		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature: [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):	[REDACTED]		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X210202, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.								
Estimated Cost: \$ 335.24		Actual Cost: \$ 335.24		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$ 335.24		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26284		2/9/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle				35120		2/9/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	SGT IV Sam Yin				36468		02/04/2021	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, SSG:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:		Serial No.:		Date:	

Duplicate - original lost

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
12/01/2020		Emergency Call out [REDACTED]		21-014	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 33565	
Admin Section Review Signature: [REDACTED]					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<p>[REDACTED] RKM was called out by PDO Anderson for [REDACTED] a Power surge at Van Nuys Area and Jail caused [REDACTED] to stop communicating with the server. Technician dispatched to Valley jail, cameras were rebooted unsuccessfully, cameras were de-powered, reset and software re-loaded and re-booted, cameras were fully functioning at [REDACTED]</p>					
Justification for expenditure (how will the expenditure benefit inmates):					
<p>These Cameras will assist in monitoring the arrestees that are in these cells assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.</p>					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
472.50		472.50		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		[REDACTED]		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47610	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt II B. Valle		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000 Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000 Commanding Officer, ASB:		Serial No.:	

Gwen

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
2/10/2021		Body Scanner Registration Renewal		21-015	
Submitted by:		Serial No.		Assignment:	
Jacson		N3066		Administrative	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Justification for expenditure (how will the expenditure benefit inmates):					
In accordance with Title 17, California Code of Regulations, Section 30145, Custody Services Division must pay a registration renewal fee to the Department of Public Health Radiologic Health Branch for the Body Scanner located at the MDC.					
Reason City resources were not used for expenditure:					
The system was not included in the Division's budget.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$512		\$512		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1	State of California Department of Public Health	Radiologic Health Branch		(916) 327-5106	
2					
3					
Vendor Selected:		State of California Department of Public Health		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Serial No.:		Date:
	ORLANDO CHANDLER		26288		02/15/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Print Member Name:		Serial No.:		Date:
	GARY NEWTON		47016		02/11/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Print Member Name:		Serial No.:		Date:
	Sgt 11 B. Valle		35110		2/11/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assistant to the Director, OSO:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director, Office of Special Operations:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
2/11/21		ASSI Security Install (90% Progress)		IWF 21-016	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 6484	
Admin Section Review Signature: [Redacted]					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
90% Progress Billing for the installation of Jail Control Systems, Intercoms, and CCTV feed at 77th Regional Jail from Proposal 7851-4-0-2. ASSI Job 20173. Contract # C-124017.					
Justification for expenditure (how will the expenditure benefit inmates):					
This IWF will complete the initial billing proposal for the 77th Regional Jail upgrade and replacement of video work stations, CCTV monitors, door and intercom controls. These upgrades are necessary to replace end of life equipment and to ensure a safe and secure environment for employees and arrestees housed in our facility in compliance with Title 15.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$44,301.89		\$44,301.89		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate:	
1 ASSI		Greg Doyle		\$44,301.89	
2					
3					
Vendor Selected: ASSI		Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CAPTAIN ORLANDO CHANDLER		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NELSON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt U B. Valle		3511	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
		[Redacted]		30493	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		[Redacted]			

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
02/16/2021		ASSI Security				IWF- 21-017	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	32705	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [Redacted]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
<p>ASSI Security Proposal: 8745-1-0-1 (LAPD Camera and Server add on).</p> <p>ASSI to replace old [Redacted] camera with a new [Redacted] camera.</p> <p>New [Redacted] server added too make room for new and future cameras.</p>							
Justification for expenditure (how will the expenditure benefit inmates):							
Cameras service for arrestee's safety and observation per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$15,160.10		Actual Cost:		\$15,160.10	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	ASSI Security	Larry Picone		[Redacted]		\$15,160.10	
2							
3							
Vendor Selected:		ASSI Security		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:		Date:	
		CAPTAIN ORLANDO HERRERA		26288		2/16/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		GARY NEWTON		47010		02/17/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		Sgt 11 B. Valle		35110		2-16-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000		Commanding Officer, SSG:		Signature:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000		Commanding Officer, ASB:		Signature:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/25/2021		Two new Aiphone units for back gate intercom		IWF 21-011	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No. 33565	
				Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.					
Justification for expenditure (how will the expenditure benefit inmates):					
The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail; all visitors need to contact jail personnel through this unit. 15.2 was completed and ITA responded with bid for repairs. (Attached) Second bid provided from RKM					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
799.19		799.19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		799.19	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		ORLANDO CHANDLER		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47810	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt II B. Valle		35110	
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED:		ITEM(s) REQUESTED:		CONTROL NUMBER	
03/09/2021		DirecTV - March		IWF- 21-018	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	Serial No. 32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain)	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X210302, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$335.24		\$335.24		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected:		DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CARRAN ORANCO CHANDRA		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		S. YIN		36468	
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	
<input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION
CSD

TYPE OF FUND

AMENDED INMATE WELFARE FUND

MONTH

APRIL

YEAR

2021

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE			
4/1/21	BANK BALANCE		\$ 1,224,747.61
	WELLS FARGO BANK		
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$ 992.00	
	TOTAL		\$1,223,755.61
RECEIPTS THIS MONTH			
4/22/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF FEBRUARY	\$8,121.41	
	TOTAL		\$8,121.41
4/30/21	BEGINNING BALANCE PLUS RECEIPTS		\$1,231,877.02
DISBURSEMENTS THIS MONTH			
12/16/20	Check #1965 HOBERT SERVICE IWF 995 PREVIOUS AUDITOR DID NOT REPORT PROPERLY IN BOOK-MISSED CHECK	\$349.00	
4/16/21	Check #1998 DIRECTV IWF 21-020	\$322.74	
4/20/21	Check #1999 CEECO IWF 21-021	\$206.75	
4/23/21	Check# 2000 LA DAILY NEWS 21-023	\$2551.86	
4/12/21	WELLS FARGO SERVICE FEE	\$31.34	
	TOTAL		\$3,461.69
			\$1,228,415.33
ENDING BALANCE			
4/30/21	BANK BALANCE		\$1,231,447.19
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$3,031.86	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
	TOTAL		\$1,228,415.33
DIVISION COMMANDER		DATE	AUDIT COMMITTEE
[REDACTED]		6/16/21	JEFF WONG N2799 J.W.
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			DAWN KELLEHER G8361 DK
			PREPARED BY
			DO M CARTER N3754
			TELEPHONE EXTENSION
			[REDACTED]


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER			
04/08/2021		DirecTV				IWF- 21-020			
Submitted by:		Serial No.		Assignment:		Phone:			
D.O. Camarena		N4206		MJS/CSD		[REDACTED]			
Type of Expenditure:		Facility		Section or Approval Signature:		Serial No.			
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 322.74			
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature [REDACTED]			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):									
DirecTV Invoice # 018835073X210402, monthly payment for TV service.									
Justification for expenditure (how will the expenditure benefit inmates):									
TV service for arrestees in housing units per Title 15.									
Reason City resources were not used for expenditure:									
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.									
Estimated Cost:		\$322.74		Actual Cost:		\$322.74			
City Approved Vendor:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	DirecTV	Customer Service		888-388-4249		\$322.74			
2									
3									
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		04-08-21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	GARY NEWTON				47010		04-08-21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt N B. Valle				35110		04-12-21		
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:		Date:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

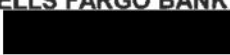
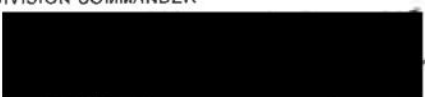


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 4/7/21		ITEM(S) REQUESTED: Visitation Phone		CONTROL NUMBER JWF - 21-021	
Submitted by: Allen Hayden		Serial No. N4461		Assignment: 77th RJS	
Type of Expenditure:		Facility		Section Chief Approval Signature: [Redacted]	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Serial No. 31287 Admin Section Review Signature: [Redacted]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Ceeco vandal resistant steel prison visitation phone, model SSP-350D-X-M-STC-UNVL-ACH12-LB-NB, additional security tool, Quote #14192. Installation to be requested by GSD upon delivery.					
Justification for expenditure (how will the expenditure benefit inmates):					
The Ceeco stainless steel prison visitation phone (handset, 12 inch armored cord, base) will replace the B/O inmate visitation handset in 77th RJS visitation booth No.1. The B/O model is no longer available for order/replacement from Dukane (product manufacturer from 1995, now out of business). The Ceeco sales representative says this is a compatible replacement unit for the Dukane model no.7A1060 (see attached email). Expenditure will benefit the inmates by facilitating visitation between inmates, their families and/or bail agents or other.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
206.75		\$206.75		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 CEECO		Trenda Matheny		[Redacted]	
2				- -	
3				- -	
Vendor Selected: Ceeco		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: Orlando Channer		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. B. Valle		Serial No.: 35110	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG: [Redacted]		Serial No.: Date:	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Redacted]		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER			
4/22/21		English Newspaper				IWF-21-023			
Submitted by:		Serial No.		Assignment:		Phone:			
M. CARTER		N3754		MJS/CSD					
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	32765			
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	PACIFIC JAIL			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.)									
Yearly subscription to the Daily News (English newspaper) for Pacific Jail.									
Justification for expenditure (how will the expenditure benefit inmates):									
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).									
Reason City resources were not used for expenditure:									
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.									
Estimated Cost:		\$2551.86		Actual Cost:		\$2551.86			
City Approved Vendor:		<input type="checkbox"/>		Yes		<input checked="" type="checkbox"/> No			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	L.A. DAILY NEWS	Customer Service		818-713-3131		\$2551.86			
2									
3									
Vendor Selected:		DirecTV		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:				Serial No.:		Date:		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		4/22/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	GARY NEWTON				Serial No.:		Date:		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				47010		04/22/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. # B. Valle				Serial No.:		Date:		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	35110				4/22/21				
Required If Over \$40,000		Commanding Officer, SSG:				Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH MAY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
5/1/21	BANK BALANCE WELLS FARGO BANK 		\$1,231,447.19		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 3,031.86			
	TOTAL		1,228,415.33		
RECEIPTS THIS MONTH					
5/10/21	WELLS FARGO INTEREST EARNED	\$4.54			
5/18/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MARCH 2021	\$8,118.36			
5/11/21	STOP PAYMENT CHECK#1983 IWF 21-008 / JAN 2021	\$480.00			
	TOTAL		\$8,602.90		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,237,018.23		
DISBURSEMENTS THIS MONTH					
5/7/21	Check #2001 RKM COMMUNICATIONS IWF 21-024	\$1493.78			
5/7/21	Check #2002 RKM COMMUNICATIONS IWF 21-025	\$1493.78			
5/11/21	Check #2003 RKM COMMUNICATIONS IWF 21-026	\$506.25			
5/11/21	Check #2004 1-800-WHEELCHAIR.COM IWF 21-008 (RESUBMIT)	\$480.00			
5/11/21	Check #2005 DIRECTV IWF 21-027	\$335.24			
5/25/21	Check #2006 Guardian RFID IWF 21-029	\$270.00			
5/26/21	Check #2007 RKM COMMUNICATIONS IWF 21-028	\$810.00			
	TOTAL		\$5,389.05		
			\$1,231,629.18		
ENDING BALANCE					
5/31/21	BANK BALANCE		\$1,233,215.43		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$1,586.25			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,231,629.18		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 6/16/21	AUDIT COMMITTEE JEFF WONG N2799 J.W. DAWN KELLEHER G8361 DK		PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
04/21/2021		New replacement camera to [REDACTED]		FWF 21-024	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 27583	
				Admin Section Review Signature: [REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): On [REDACTED] Hallway [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates): This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the Hallway outside cells [REDACTED]					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Signature]		Serial No.: 26258	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Date: 5/4/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt U B. Valle		Serial No.: 47010	
				Date: 05/06/21	
				Serial No.: 35110	
				Date: 5/5/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC:		Serial No.:	
				Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
04/28/2021		New replacement camera to [REDACTED]		INF 21 - 025	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC Curring		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): On [REDACTED] Camera [REDACTED] was damaged by an arrestee and stopped working, camera restarted and now out of focus, multiple attempts to focus were made without success. This camera was one of the original cameras placed in 2011. The camera recommendation is to replace with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates): This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with departments roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN CHANDLER		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. H B. Valle		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
05/04/2021		Repair to [REDACTED] CCTV CPU				JWF 21-024		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Marie Graham		N3073		CSD/VJS		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 33565		
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Pick up and return of the B/O [REDACTED] CCTV CPU, repair required removal of unauthorized software and installation of New Network Adapter, fresh installation of Windows and the disabling of the network adapter on the motherboard was performed. Equipment: Low Profile PCI network adapter.								
Justification for expenditure (how will the expenditure benefit inmates): The CPU is necessary to view camera feed in [REDACTED] office. This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the [REDACTED] of Valley Jail Section.								
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.								
Estimated Cost:		506.25		Actual Cost:		506.25		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	R.K.M Communications	Robert Martin		[REDACTED]		506.25		
2								
3								
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		05-11-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				47010		05-11-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				35110		5/10/21	
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED: 01/12/2021		ITEM(S) REQUESTED: Canes		CONTROL NUMBER: IWF- 21-008	
Submitted by: D.O. Camarena		Serial No.: N4206		Assignment: MJS/CSD	
Type of Expenditure:		Facility:		Phone:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain)	
Description of expenditure (please detail item, quantity, date, model, location, equipment, etc. and include item number):					
Drive adjustable height offset cane. Quotation # Q10.10766					
Justification for expenditure (how will the expenditure benefit inmates):					
Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.					
Person/ City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.					
Estimated Cost: \$480.00		Actual Cost: \$480.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1	1-800-WHEELCHAIR.COM	Lisa Stapley		800-320-7140	
2					
3					
Vendor Selected:		1-800-WHEELCHAIR.COM		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: COTTON ORLANDO CHAZER		Serial No.: 26288		Date: 01/13/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47610		Date: 01/14/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: S. YIN		Serial No.: 36468		Date: 01/13/2021
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
05/10/2021		DirecTV				IWF- 21-027		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS		32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section/Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X210502, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.								
Estimated Cost:		\$335.24		Actual Cost:		\$335.24		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$335.24		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:				Serial No.:		Date:	
	Cecilia Grand Chandler				26288		5/11/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	GARY NEWTON				47010		5/11/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	Sgt. II B. Valle				35110		5/11/21	
Required if Over \$40,000		Commanding Officer, SSC:		Signature:		Serial No.:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:	
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
05/20/21		GUARDIAN SPARTAN BATTERY COVER				WFF 21-029		
Submitted by:		Serial No.		Assignment:		Phone:		
SDO BRYANT		N4517		CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	[REDACTED]		36162		
<input type="checkbox"/>	NEW	<input type="checkbox"/> 77TH	<input checked="" type="checkbox"/> ALL	Admin Section Review Signature:		[REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/> VJS	OTHER (explain):					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Replacement battery cover for Guardian Spartan devices.								
Justification for expenditure (how will the expenditure benefit inmates):								
This payment is for 10 replacement battery covers to secure the Spartan device and battery while utilizing during inmate welfare checks to benefit inmates while in custody.								
Reason City resources were not used for expenditure:								
No City funds are allocated.								
Estimated Cost:		\$ 270.00		Actual Cost:		\$ 270.00		
City Approved Vendor:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Guardian RFID	Mark Thomson		[REDACTED]		\$ 270.00		
2								
3								
Vendor Selected:		Eboni Bryant		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
CAPTAIN ORLANDO CHANDLER		26288			05/24/2021			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
GARY NEWTON		47010		05/24/21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:			
Sgt. B. Valle		35110		5/20/21				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 05/13/2021		ITEM(s) REQUESTED: Emergency Call Out, CCTV Not Recording		CONTROL NUMBER WF 21-028	
Submitted by: D.O. Marie Graham		Serial No. N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): On [REDACTED] it was discovered half the CCTV cameras were not recording, An Emergency call out for Service call was authorized by Captain Newton. System was Rebooted including software and all POE switches, with no improvement, remote access was completed without results additional tech support was acquired and worked with the on-site tech. It was determined that server [REDACTED] Tech transferred all recordings over to Server [REDACTED] for emergency basis only. Technician was able to get server [REDACTED] back on-line, the existing files were reconfigured and is working again. CCTV System needs to be upgraded to the newest software available with the Verint maintenance agreement.					
Justification for expenditure (how will the expenditure benefit inmates): CCTV systems are essential in providing effective security in jails. The recording servers allow this information to be saved and viewed at later dates or downloaded for permanent record. The recordings are instrumental in analyzing incidents involving use of force and inmate complaints helping to ensure better employee compliance with Department roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 810.00		Actual Cost: 810.00		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1	R.K.M Communications	Robert Martin		[REDACTED]	
2					
3					
Vendor Selected: R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	*Commanding Officer / Fund Chair: [Signature]		Serial No.: 26288		Date: 5/25/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47010		Date: 05/25/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt II B. Valle		Serial No.: 35110		Date: 5/25/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSC:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:		Serial No.:		Date:

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JUNE	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
6/1/21	BANK BALANCE		\$1,233,215.43		
	WELLS FARGO BANK [REDACTED]				
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 1,586.25			
	TOTAL		\$1,231,629.18		
RECEIPTS THIS MONTH					
6/8/21	WELLS FARGO INTEREST EARNED	\$1.30			
6/15/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF APRIL	\$6,892.77			
	TOTAL		\$6,894.07		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,238,523.25		
DISBURSEMENTS THIS MONTH					
6/15/21	Check #2008 SOUTHERN CALIF NEWS GROUP IWF21-030	\$5,475.00			
6/15/21	Check #2009 SOUTHERN CALIF NEWS GROUP IWF21-031	\$1,095.00			
6/15/21	Check #2010 RKM COMMUNICATIONS IWF 21-032	\$1493.78			
6/15/21	Check #2011 RKM COMMUNICATIONS IWF 21-033	\$767.00			
6/15/21	Check #2012 ASSI IWF 21-034	\$915.00			
6/15/21	Check #2013 PCD IDENTICARD IWF 21-035	\$1,154.14			
6/15/21	Check #2014 DIRECTV IWF 21-036	\$328.99			
	TOTAL		\$11,228.91		
			\$1,227,294.34		
ENDING BALANCE					
6/30/21	BANK BALANCE		\$1,237,279.26		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$9,984.92			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,227,294.34		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE	PREPARED BY	
[REDACTED]		7/12/21	JEFF WONG N2799 [REDACTED]	DO M.CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			LYNN FREDA N3645 [REDACTED]	TELEPHONE EXTENSION [REDACTED]	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER			
06/01/2021		Los Angeles Daily News				IWF-21-030			
Submitted by:		Serial No.		Assignment:		Phone:			
D.O. Carter		N3754		MJS/CSD		[REDACTED]			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED]	36468		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature: [REDACTED]			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):									
Yearly subscription to the Los Angeles Daily News for 77 th Street Jail.									
Justification for expenditure (how will the expenditure benefit inmates):									
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).									
Estimated Cost:		\$5,475.00		Actual Cost:		\$5,475.00			
City Approved Vendor:				Yes		<input checked="" type="checkbox"/> No			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	Los Angeles Daily News	Mike Jones		[REDACTED]		\$5,475.00			
2									
3									
Vendor Selected:		Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED SIGNATURE]		Serial No.:		Date:		
[Signature]		26288			6/3/2021				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
Lt Joe Henriquez		32705			6/9/21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Serial No.:		Date:		
Sgt II B. Valle		35110		6/3/21					
Required if Over \$50,000		Commanding Officer, SSG:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
06/01/2021		Los Angeles Daily News				IWF-21-031		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Carter		N3754		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section 01C Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	36462	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain): HARBOR JAIL			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Yearly subscription to the Los Angeles Daily News for Harbor Jail.								
Justification for expenditure (how will the expenditure benefit inmates):								
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).								
Estimated Cost:		\$1,095.00		Actual Cost:		\$1,095.00		
City Approved Vendor:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Los Angeles Daily News	Mike Jones		[REDACTED]		\$1,095.00		
2								
3								
Vendor Selected:		Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
	CAPTAIN ORLANDO CHANDLER				26284		6/8/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	Sgt 11 B. Valle				38110		6/8/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:			
	Lt Jof Arreola		32701		6/9/21			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
06/07/2021		New replacement camera to Cell 217 front		IWP 21-032	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No.	
				33565	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [REDACTED] camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN [REDACTED]		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Lt. Joe Hernandez		Serial No.: 32765	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II B. Valle		Serial No.: 35110	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: Signature:		Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
06/03/2021		Annual Software Maintenance and Support for Foothill Jail CCTV System				JDF 21-083		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Marie Graham		N3073		CSD/VJS				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	33565		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [Redacted]		
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Annual (one (1) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Foothill Jail. Post warranty additional one(1) year. Coverage through 04/30/2023.								
Justification for expenditure (how will the expenditure benefit inmates):								
This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Foothill Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.								
Reason City resources were not used for expenditure:								
Expenditure was not included in the City's budget and directly benefits arrestees.								
Estimated Cost:		767.00		Actual Cost:		767.00		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	R.K.M Communications	Robert Martin		[Redacted]		767.00		
2								
3								
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Fund Chair:		[Redacted Signature]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		6-8-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt 11 B. Valle				Serial No.:		35110	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Lt Joe Hernandez				Serial No.:		32765	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000		Commanding Officer, ASB:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000		Signature:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
6/8/21		Pacific Camera Replacement		INT 21-034	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section Of Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input checked="" type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain): Pacific Jail	
				Serial No. 31287	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
ASSI Service Proposal 2021-315; Pacific Area Jail, Replace non-fuctioning, [REDACTED] Verint Fixed Dome Network Camera plus labor.					
Justification for expenditure (how will the expenditure benefit inmates):					
This proposal will cover the parts and labor ([REDACTED]) to replace the non-fuctioning/unrepairable Verint Fixed Dome Network Camera in Cell [REDACTED] at the Pacific Area Jail. This camera is necessary to maintain and record continual observation of cell activity and to provide a safe and secure environment while arrestees are in our custody.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$915.00		\$915.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 ASSI		Emma Gonzazlez		[REDACTED]	
2				-	
3				-	
Vendor Selected:		ASSI		Reason Selected:	
				<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN CRANDON CHANDLER		Serial No.: 26288 Date: 6/8/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II B. Valle		Serial No.: 35110 Date: 6/8/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Lt Joe Hearn		Serial No.: 32705 Date: 6/9/21	
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.: Date:	
<input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Signature: Serial No.: Date:	



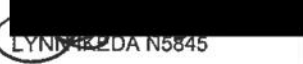


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER				
6/9/21		Arrestee Wristbands & Fasteners				IWF21-035				
Submitted by:		Serial No.		Assignment:		Phone:				
Allen Hayden		N4461		77th RJS		[REDACTED]				
Type of Expenditure:		Facility		Section C/C Approval Signature:		Serial No.				
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS	[REDACTED]	3122			
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:				
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	77th RJS, Harbor Jail, Pacific Jail				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):										
Purchase of secureband wristbands (for Drop and Go use) and steel clincher dual grip fasteners (for heat sealed permanent arrestee court wristbands). PCD Identocard Account 6311130621, Quote No. 26374780.										
Justification for expenditure (how will the expenditure benefit inmates):										
This is a reoccurring expense for wristbands and fasteners that ensure arrestees are issued telephone pin numbers upon entering the jail system via a paper wristband before being booked. Steel clinchers are used to attach permanent wristbands which identify arrestees by name and booking number as they enter and during their stay in our facility. Fasteners are used to assemble arestee wristbands and court loops (which we cut in half before assembling for court transportation identification resulting in a shortage of provided wristband clinch fasteners).										
Reason City resources were not used for expenditure:										
There are no City or Department funds allocated for this expense.										
Estimated Cost:		\$1,154.14		Actual Cost:		\$1,154.14				
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)										
Company Name		Contact		Phone:		Estimate:				
1	PCD Identocard	Debra Chavez		[REDACTED]		\$1,154.14				
2				-						
3				-						
Vendor Selected: PCD Identocard				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other						
DO NOT WRITE BELOW THIS LINE										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:			
	CAPT. QUANNO CHANDLER				26288		6/14/21			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:			
	LT JOE HERNANDEZ				32765		6/9/21			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:			
	Sgt. B. Valle				35110		6/9/21			
Required If Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied										
Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied										

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
06/10/2021		DirecTV				IWF- 21-036		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS		32705	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X210602, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.								
Estimated Cost:		\$328.99		Actual Cost:		\$328.99		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$328.99		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:				Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26286		6/10/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt J YW				36468		06/10/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt H B. Valle				35110		6/10/21	
Required If Over \$40,000		Commanding Officer, SSU:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								
Required If Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:					

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JULY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
7/1/21	BANK BALANCE WELLS FARGO BANK 		\$1,237,279.26		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 9,984.92			
	TOTAL		\$1,227,294.34		
RECEIPTS THIS MONTH					
7/9/21	WELLS FARGO INTEREST EARNED	\$0.63			
7/27/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MAY	\$8,161.46			
7/14/21	PARTNERS FOR A SAFER AMERICA	\$250,000.00			
7/19/21	PARTNERS FOR A SAFER AMERICA	\$92,488.00			
	TOTAL		\$350,650.09		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,577,944.43		
DISBURSEMENTS THIS MONTH					
7/1/21	Check #2015 STAXI IWF 21-019	\$2,352.00			
7/1/21	Check #2016 RKM COMMUNICATIONS IWF 21-037	\$4,560.00			
7/6/21	Check #2017 ASSI SECURITY IWF 21-012	\$34,033.84			
7/7/21	Check #2018 RKM COMMUNICATIONS IWF 21-039	\$1,458.78			
7/8/21	Check #2019 DIRECTV IWF 21-038	\$335.24			
	TOTAL		\$ 42,739.86		
	ENDING BALANCE		\$1,535,204.57		
7/31/21	BANK BALANCE		\$1,535,204.57		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$0			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,535,204.57		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE	PREPARED BY	
		8/12/21	JEFF WONG N2799  LYNN L. PDA N5845	DO M. CARTER N3754 	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION 	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
3/31/21		Transport Chairs				21 - 019	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	31287	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
Purchase of two Staxi brand transport chairs; AP010-X Staxi commercial chair - Diamond Back model. Quote number ST-00040242.							
Justification for expenditure (how will the expenditure benefit inmates):							
This IWF is for the purchase of two new Staxi brand Transport Chairs which are used in the jail to transport inmates between floors and throughout the facility. 77th Jail currently only has one Staxi chair that is over 10 years old and is structurally failing (see attached photographs). Staxi chairs are the current standard in hospitals and correctional facilities, they offer better transport capabilities over folding wheelchairs when dealing with medical emergencies and/or uncooperative arrestees.							
Reason City resources were not used for expenditure:							
There are no City or Department funds allocated for this expense. <i>KB'd by Capt. Chandler for more info. 4/12/21</i>							
Estimated Cost:		\$2,352.00		Actual Cost:		\$2,352.00	
City Approved Vendor:				<input type="checkbox"/> Yes <input type="checkbox"/> No			
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Staxi	Lori Studley		877-677-8294		\$2,352.00	
2				-			
3				-			
Vendor Selected: Staxi				Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	<i>ORLANDO CHANDLER</i>		[REDACTED]		26288		05-03-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	<i>GARY NEWTON</i>		[REDACTED]		47010		05-01-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	<i>Sgt 11 B. Valle</i>		[REDACTED]		35110		5/3/21
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
06/01/2021		Biennial Maintenance and Support for Valley Jail CCTV System				TJOF 21-037	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Marie Graham		N3073		CSD/VJS		[REDACTED]	
Type of Expenditure:		Facility		Section <u>91C</u> Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOC CURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	27583
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Biennial (Two (2) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Valley Jail. Post warranty additional Two(2) year. Coverage will begin 05/01/2021 and end 04/30/2023.							
Justification for expenditure (how will the expenditure benefit inmates):							
This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Valley Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		4,560.00		Actual Cost:		4,560.00	
City Approved Vendor:				<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	R.K.M Communications	Robert Martin		[REDACTED]		4,560.00	
2							
3							
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	[Signature]			26288		6/29/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	GARY NEWTON			47010		06/29/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Sgt 11 B. Valle			35110		6/29/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, ASB:			Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:			Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
07/01/21		ASSI Camera Adds				CSD 21-012	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	47010
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	[REDACTED]
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>		OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
Proposal 8747-1-0-1; 77th Regional Jail Camera Adds; ASSI to replace [REDACTED] existing old TPZ cameras with [REDACTED] mounts, converters, connectors and necessary lift rental.							
Justification for expenditure (how will the expenditure benefit inmates):							
The proposal will cover the removal of the [REDACTED] obsolete (old system) Tilt Pan Zoom Cameras and installation of [REDACTED] enabling overview and detailed surveillance of vital areas. Viewing and capturing this CCTV footage assists in maintaining a safe and secure environment for arrestees and employees and provides a needed resource when conducting investigations into UOF and/or arrestee injury reports. The current TPZ models are not compatible with the system upgrade.							
Reason City resources were not used for expenditure:							
There are no City or Department funds allocated for this expense.							
Estimated Cost:		\$ 34,033.84		Actual Cost:		\$ 34,033.84	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	ASSI	Greg Doyle		[REDACTED]		\$ 34,033.84	
2							
3							
Vendor Selected:		ASSI		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:
	CAPTAIN [REDACTED]				26258		7/1/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		[REDACTED]		Serial No.:		Date:
	GARRETT NEWTON				47010		07/02/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		[REDACTED]		Serial No.:		Date:
	Sgt II D. Valle				35110		7/1/21
Required if Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
06/23/2021		New replacement camera to Back Corridor 100				IWF 21-039	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Marie Graham		N3073		CSD/VJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOC CURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	33565
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
On [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new [REDACTED] lens.							
Justification for expenditure (how will the expenditure benefit inmates):							
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the [REDACTED] at the end of [REDACTED]							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		1458.78		Actual Cost:		1458.78	
City Approved Vendor:				<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	R.K.M Communications	Robert Martin		[REDACTED]		1458.78	
2							
3							
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	[Signature]			26284		7/7/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Lt JRE Hernandez			32705		7/7/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Sgt U B. Vaile			35110		7/7/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSG:			Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:			Signature:		Serial No.:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
07/07/2021		DirecTV				IWF- 21-038	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210702, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$335.24		Actual Cost:		\$335.24	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	<i>CAROL ANGELO</i>			26288		7/7/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	<i>GARY NEWTON</i>			47010		07/08/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	<i>Sgt 11 B. Valle</i>			35110		7/7/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000 Commanding Officer, ASG:			Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000 Commanding Officer, ASB:			Signature:		Serial No.:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
07/26/2021		Replacement CCTV camera and cable rerouting to Jail server				CSD 21-040	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Marie Graham		N3073		CSD/VJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOC CURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	275K3
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
New replacement [REDACTED] camera series [REDACTED] including the replacing of the old cable and install CAT 6 Data cabling, run new cabling from Outside Backdoor camera connecting directly to the jail server. This camera will enable the viewing of the area [REDACTED]							
Justification for expenditure (how will the expenditure benefit inmates):							
The [REDACTED] camera is defective and offline. This camera is essential in assisting in monitoring the [REDACTED]. The camera is necessary to help identify those who wish [REDACTED] to the Valley Jail and monitoring of the [REDACTED]. Camera is an old Pelco camera originally installed to Van Nuys Area for the monitoring of the outside of the Van Nuys Area Facility and Jail. This camera was installed prior to the 2011 Jail system CCTV.							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		1831.28		Actual Cost:		1831.28	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	R.K.M Communications	Robert Martin		[REDACTED]		1831.28	
2							
3							
Vendor Selected:		R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	CAPTAIN ORLANDO CHANDLER			26288		8/2/2021	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	JOE Hernandez			32765		8/2/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Sgt II B. Valle			35110		7.29.21	
Required if Over \$10,000		Commanding Officer, SSG:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:				

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
07/28/2021		Fast Signs				C8021-042	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section		Approval Signature:	
<input type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input checked="" type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):		Serial No. 31233	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
(20) Aluminum Signs, from existing templates, 6" x 8" metal with rounded corners, concerning inmate "Telephone Instructions" Quote/Estimate (EST-63956) total \$635.10. This quote does not include installation (which will be requested from GSD).							
Justification for expenditure (how will the expenditure benefit inmates):							
FastSigns was contacted and provided quote for 20 replacement aluminum signs needed to switch out with existing non-readable/worn out signs (see attached photograph for example). There will be 12 signs for the basement level booking holding tanks, 6 signs for the housing dormitory day rooms, and 2 spares included in this purchase. Signs provide bilingual instructions for inmates to operate the pin-prompted inmate telephones throughout the jail.							
Reason City resources were not used for expenditure:							
There are no city funds for this purchase.							
Estimated Cost:		\$635.10		Actual Cost:		\$635.10	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1 FastSigns		Sheldon Gifford		[REDACTED]		\$635.10	
2				-			
3				-			
Vendor Selected: FastSigns				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:		Date:	
		[Signature]		26288		8/3/2021	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		Joe Hernandez		32705		8/3/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		Sgt H B. Valle		35110		7/29/21	
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:		Date:	
<input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
08/03/2021		DirecTV				IWF-21-041	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section/OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS	[REDACTED]	32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210802, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$335.24		Actual Cost:		\$335.24	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Signature:		Serial No.:	Date:
	CAPTAIN [REDACTED]			[REDACTED]		26288	8/3/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Signature:		Serial No.:	Date:
	GARY NEWTON			[REDACTED]		47060	8/5/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Signature:		Serial No.:	Date:
	Sgt U B. Valle			[REDACTED]		35110	8/13/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSC:			Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:			Signature:		Serial No.:	Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
8/4/21		Daily News				IWF-21-043	
Submitted by:		Serial No.		Assignment:		Phone:	
M. CARTER		N3754		MJS/CSD		<div style="background-color: black; width: 100px; height: 20px;"></div>	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Yearly subscription to the Daily News for Metropolitan Detention Center.							
<div style="background-color: black; width: 100%; height: 60px;"></div>							
Justification for expenditure (how will the expenditure benefit inmates):							
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).							
Reason City resources were not used for expenditure:							
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.							
Estimated Cost:		\$1957.40		Actual Cost:		\$1957.40	
City Approved Vendor:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DAILY NEWS	Customer Service		818-713-3131		\$1957.40	
2							
3							
Vendor Selected:		Daily News		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		<div style="background-color: black; width: 150px; height: 40px;"></div>		Serial No.:		Date:
	<i>Captain [Signature]</i>				26288		8/4/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		<div style="background-color: black; width: 150px; height: 40px;"></div>		Serial No.:		Date:
	<i>GARY NEWTON</i>				47016		8/5/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		<div style="background-color: black; width: 150px; height: 40px;"></div>		Serial No.:		Date:
	<i>Sgt 11 B. Valie</i>				35110		8/4/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSC:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
08/10/2021		Replacement Monitor to 400 Security		FUF 21-044	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
RKM will remove and replace BO 32" CCTV color monitor in [REDACTED] with new 43" LED Semi-commercial Monitor 1920 x 1080 HD resolution monitor.					
Justification for expenditure (how will the expenditure benefit inmates):					
The existing monitor is BO and cannot be repaired. The new monitor will allow [REDACTED] security officers to view live feed video of the arrestees housed in [REDACTED] the new larger display of the individual camera images makes them more useful in detecting the types of activity that jail personal is looking for, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
628.26		628.26		Actual Cost: 628.26	
				City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		[REDACTED]		26284	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt II B. Valle		35110	
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
08/12/21		ALLIED 100 - AED SUPERSTORE		21-045	
Submitted by:		Serial No.:		Assignment:	
Sgt. Bruce Coss		37023		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain): CSD TRAINING UNIT	
				Serial No. 47010	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
PP-ALB-50 - Professional Adult Manikin Face-Shield Lung Bags (50pk) PP-AEDUT-401 - Professional AED UltraTrainer (4pk) PP-UTPAD-4 - Adult/Child Training Pads (4 sets)					
Justification for expenditure (how will the expenditure benefit inmates):					
Supplies for ongoing CPR training for CSD detention staff					
Reason City resources were not used for expenditure:					
No City funds are allocated.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$ 748.38		\$ 748.38		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Allied 100 - AED Superstore				(800) 544-0048	
2					
3					
Vendor Selected:		Allied 100 - AED Superstore		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CAPT. ORLANDO CHANDLER		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt 11 B. Valle		35110	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Required if Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	

INMATE WELFARE FUND
EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED		CONTROL NUMBER	
8/18/21		CPR One-Way Valves		JWF 21 - 046	
Submitted by:		Serial No.		Assignment:	
SDO Castrellon		G9155		VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS		<input type="checkbox"/>	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input checked="" type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Serial No.	
				87610	
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
(5) 100 MCRTV Individually wrapped in zipper mesh bag with carabiner.					
Justification for expenditure (how will the expenditure benefit inmates):					
To ensure the well being of all arrestees, the one-way valves will be utilized to train staff how to effectively perform CPR during inmate medical emergencies.					
Reason City resources were not used for expenditure					
The equipment was not included in the Division's budget.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$546.96		\$546.96		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 MCR Medical		MacKenzie Sales		614-782-2100	
2					
3					
Vendor Selected:		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
AED Superstore					
DO NOT WRITE BELOW THIS LINE					
Commanding Officer / Fund Chair:		Serial No.:		Date:	
ORLANDO CRANDLER		26298		08-20-21	
Member Name:		Serial No.:		Date:	
GARY NEWTON		47010		08-20-21	
Member Name:		Serial No.:		Date:	
SAM YIN		36468		08/20/21	
Commanding Officer, SSG:		Serial No.:		Date:	
Commanding Officer, ASG:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
8/23/21		Red Cross CPR First Aid Instructor Course				IWF 21 - 047		
Submitted by:		Serial No.		Assignment:		Phone:		
DO Richard Lomeli		N5770		CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS			
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):			
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):								
Red Cross CPR First Aid Instructor Course Fee (4)								
Justification for expenditure (how will the expenditure benefit inmates):								
Certifying Custody Services Division Instructors in the Red Cross CPR/AED/First Aid Instructional course, for CSD In-Service Training.								
Reason City resources were not used for expenditure:								
City funds are not budgeted for this expense.								
Estimated Cost:		\$1,316.00		Actual Cost:		\$1,316.00		
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Heart CPR	Lee Stephenson		800-916-1213		\$1,316.00		
2				-				
3				-				
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other				
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	5711 B. Valle				35110		8/23/21	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask		JWF 21- 048	
Submitted by:		Serial No.		Assignment:	
DO Richard Lomeli		N5770		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS		<input type="checkbox"/> [Redacted] 47010	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature [Redacted]	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input checked="" type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.					
Justification for expenditure (how will the expenditure benefit inmates):					
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.					
Reason City resources were not used for expenditure:					
City funds are not budgeted for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$63.00		\$63.00		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Richard Lomeli				[Redacted] \$63.00	
2				- -	
3				- -	
Vendor Selected:		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		SAM YIN		36468	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt. H B. Valle		35160	
<input type="checkbox"/> Required if Over \$40,000		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
<input type="checkbox"/> Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER			
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask				IWF 21 - 049			
Submitted by:		Serial No.		Assignment:		Phone:			
DO Richard Lomeli		N5770		CSD		[REDACTED]			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	47016		
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):									
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.									
Justification for expenditure (how will the expenditure benefit inmates):									
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.									
Reason City resources were not used for expenditure:									
City funds are not budgeted for this expense.									
Estimated Cost:		\$63.00		Actual Cost:		\$63.00			
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	Mario Marquez			[REDACTED]		\$63.00			
2				-					
3				-					
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other					
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:		
	GARY NEWTON				47010		08-24-21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
	SAM YIN				36468		08/25/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
	Sgt. I B. Valle				35110		8/25/21		
<input type="checkbox"/> Required if Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
<input type="checkbox"/> Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask				FWF 21 - 050	
Submitted by:		Serial No.		Assignment:		Phone:	
DO Richard Lomeli		N5770		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	47010
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.							
Justification for expenditure (how will the expenditure benefit inmates):							
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.							
Reason City resources were not used for expenditure:							
City funds are not budgeted for this expense.							
Estimated Cost:		\$83.00		Actual Cost:		\$83.00	
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Jessica Quintero			[REDACTED]		\$83.00	
2				-			
3				-			
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.: 47010		Date: 08-24-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: SAM YIN		[REDACTED]		Serial No.: 36468		Date: 08/25/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt U B. Valle		[REDACTED]		Serial No.: 35110		Date: 8/25/21
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSQ:				Serial No.:		Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 8/25/21		ITEM(s) REQUESTED: English Newspaper				CONTROL NUMBER IWF-21-051	
Submitted by: M. CARTER		Serial No. N3754		Assignment: VJS/CSD		Phone: [REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 36468	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Yearly subscription to the Daily News (English newspaper) for Van Nuys Jail.							
Justification for expenditure (how will the expenditure benefit inmates):							
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).							
Reason City resources were not used for expenditure:							
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.							
Estimated Cost:		\$3259.08		Actual Cost:		\$3259.08	
City Approved Vendor:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	L.A. DAILY NEWS	Customer Service		818-713-3131		\$3259.08	
2							
3							
Vendor Selected:		LA DAILY NEWS		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:
Required if Over \$40,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						Date:	
Required if Over \$60,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
08/25/2021		Repair to 400 Security CCTV CPU		IWF 21-054	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 33565	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Pick up and return of the B/O Security CCTV CPU, computer repair shop found video card BO, new video card installed and tested.					
Justification for expenditure (how will the expenditure benefit inmates):					
The CPU is necessary to view camera feed in This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the of Valley Jail Section.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
516.38		516.38		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		516.38	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
GARY NEWTON				47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
SAM YIN				36468	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
Sgt 11 B. Valle				35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH SEPTEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
9/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]		\$1,557,315.57		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 5,284.94			
	TOTAL		\$1,552,030.63		
RECEIPTS THIS MONTH					
9/14/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF	\$8,174.25			
9/30/21	SERVICE CHARGE REVERSE	\$590.51			
9/30/21	SERVICE CHARGE REVERSE	\$573.47			
9/30/21	INTEREST EARNED	\$24.56			
9/30/21	INTEREST EARNED	\$15.24			
	TOTAL		\$9,378.03		
	BEGINNING BALANCE PLUS RECEIPTS		1,561,408.66		
DISBURSEMENTS THIS MONTH					
9/16/21	Check #2033 ASSI SECURITY IWF 21-053	\$44,301.89			
9/24/21	Check #2034 DIRECTV IWF 21-054	\$328.99			
9/13/21	SERVICE CHARGE	\$573.47			
	TOTAL		\$ 45,204.35		
			\$1,516,204.31		
ENDING BALANCE					
9/30/21	BANK BALANCE		\$1,516,533.30		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$328.99			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,516,204.31		
DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 10/12/21	AUDIT COMMITTEE JEFF WONG N2799 [REDACTED] LYNN IKEDA N5 [REDACTED]		PREPARED BY DO M.CARTER N3754 [REDACTED] TELEPHONE EXTENSION [REDACTED]

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
09/01/21		CCTV & Jail Control and Intercom Units				IWF 21-053	
Submitted by:		Serial No.		Assignment:		Phone:	
Captain Gary Newton		47010		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section Chief Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 36468	
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	Final payment	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
This IWF is to pay off balance for installation of 77th RJS' CCTV & intercom system (ASSI proposal #7851-4-0-2).							
Justification for expenditure (how will the expenditure benefit inmates):							
Adequate surveillance is essential and directly benefits the safety and security of all inmates in the jail. CCTV provides improved visual coverage, monitors inmate activity, provides visual evidence, maintains order in common areas, as well as monitors officer interactions. Jail controls are vital in the timely entrance and exit of persons from cells and secure areas. Intercoms are vital for staff to communicate with inmates in cells in the event of medical distress, altercations or other needed purposes.							
Reason City resources were not used for expenditure:							
No City funds were allocated.							
Estimated Cost:		\$ 44,301.89		Actual Cost:		\$ 44,301.89	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	ASSI Security	Larry Picone		[REDACTED]		\$ 44,301.89	
2							
3							
Vendor Selected:		ASSI Security		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	GARY NEWTON		[REDACTED]		47010		09/01/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	Sgt 11 B. Valle		[REDACTED]		35110		9/1/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	SGT 2 S. Yin		[REDACTED]		36468		09/01/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Serial No.:		Date:
	Vic Davalos CHOR		[REDACTED]		25953		09.02.21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Asst:		Signature:		Serial No.:		Date:
	N/A Under \$50,000 (per by-laws)		[REDACTED]				

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER			
09/02/21		DirecTV				TIOE 21-054			
Submitted by:		Serial No.		Assignment:		Phone:			
G. Vu		N2714		MDC		[REDACTED]			
Type of Expenditure:		Facility		Section / IC Approval Signature:		Serial No.			
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED]			
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain)	[REDACTED]			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):									
DirecTV invoice #018835073X210902 monthly payment for TV service. Account 018835073									
Justification for expenditure (how will the expenditure benefit inmates):									
TV service for arrestees in housing units per Title 15.									
Reason City resources were not used for expenditure:									
Funds allocated through the use of The Inmate Welfare Fund for the benefit to the inmates.									
Estimated Cost:		\$ 328.99		Actual Cost:		\$ 328.99			
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	DirecTV	Customer service		(888) 388-4249		\$ 328.99			
2									
3									
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:		
GARY NEWTON		47010			09/22/21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
Lynell		N5845			9/8/21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
Sgt 11 B. Valle				35110		9/8/21			
Required if Over \$40,000		Commanding Officer, SSG:				Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND		MONTH	YEAR
		INMATE WELFARE FUND		OCTOBER	2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
10/1/21	BANK BALANCE		\$ 1,516,533.30		
	WELLS FARGO BANK				
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$ 328.99			
	TOTAL		\$1,516,204.31		
RECEIPTS THIS MONTH					
10/5/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF AUGUST	\$7,126.50			
10/8/21	INTEREST EARNED	\$22.72			
	TOTAL		\$7,149.22		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,523,353.53		
DISBURSEMENTS THIS MONTH					
10/1/21	Check #2035 COSTCO IWF 21-055	\$1281.12			
10/7/21	Check #2036 DIRECTV IWF 21-056	\$325.21			
10/13/21	Check #2037 RKM COMMUNICATIONS IWF 21-057	\$1493.78			
10/13/21	Check #2038 GUARDIAN RFID IWF21-058	\$490.00			
	TOTAL		\$ 3,590.11		
			\$1,519,763.42		
ENDING BALANCE					
10/31/21	BANK BALANCE		\$1,519,763.42		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$0			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,519,763.42		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE	PREPARED BY	
[REDACTED]		11/12/21	JEFF WONG N2799	DO M.CARTER N3754	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			LYNN IKEL	TELEPHONE EXTENSION	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
09/30/2021		New Cell Extractions Video Cameras				IWF 21-055	
Submitted by:		Serial No.		Assignment:		Phone:	
W. Graham		N5997		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section, OIC Approval Signature:		Serial No.	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS		32765	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input checked="" type="checkbox"/> ALL		Admin/Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Three (3), GoPro [REDACTED] Black Action Camera Bundle							
Model # [REDACTED]							
Accessories Included: Handle Extra Battery, Compact Case and 64GB MicroSD							
Justification for expenditure (how will the expenditure benefit inmates):							
These cameras will be used to record cell extractions. Cell extractions need to be recorded because there is a high potential for a Use of Force occurring. The video can then be reviewed for inmate injury claims or for training purposes.							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		\$1,169.97		Actual Cost:		\$1,281.12	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1. BEST BUY		GEORGE		[REDACTED]		\$1,478.18	
2.							
3.							
Vendor Selected:		Costco		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:		Date:	
		[Signature]		47010		09/30/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		Sam YIN		36468		09/30/2021	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:		Date:	
		[Signature]		N5845		9/30/21	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSQ:		Serial No.:		Date:	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Signature:		Serial No.:	
						Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
10/05/2021		DirecTV				IWF- 21-056	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	[REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X211002, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$325.21		Actual Cost:		\$325.21	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$325.21	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	GARY NEWTON		[REDACTED]		47010		10/07/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:
	S. Yin				36468		10/07/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:
	Lynn Ikeda				N5845		10/7/2021
Required If Over \$40,000		Commanding Officer, SSC:				Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:
Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:

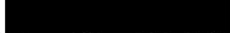


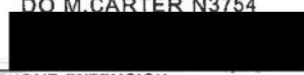

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
10/12/2021		New replacement camera to Cell 307 Front		IWF 21-057	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No.	
				33565	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [REDACTED] Front camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new: [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		GARY NEWTON		47610	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		JOE J Hernandez		32765	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		S. YIN		36468	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$10,000		Serial No.:	
		Commanding Officer, ASB:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000		Serial No.:	
		Commanding Officer, ASB:			
		Signature:		Serial No.:	
				Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
10/12/2021		Replacement part for Guardian RFID Spartan		IWF 21-058	
Submitted by:		Serial No.		Assignment:	
Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS		<input type="checkbox"/> [Redacted] 33565	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<p>Ten (10) Guardian RFID SAPARTAN Bottom Bumpers</p> <p>Ten (10) Guardian RFID SAPARTAN Top Bumpers</p> <p>Ten (10) Guardian RFID SAPARTAN Battery Cover</p> <p>Ten (10) Guardian RFID SAPARTAN Hand strap</p> <p>QUOTE NO. 00004516</p>					
Justification for expenditure (how will the expenditure benefit inmates):					
<p>These Guardian RFID Spartans are Handheld devices are being taped together, the bumpers and backs are BO and are a crucial component in helping to ensure employee compliance with department roles and Title 15. Guardian RFID is a sole source provider for these needed parts.</p>					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
490.00		490.00		Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Guardian RFID		Misty Anderson		[Redacted]	
2					
3					
Vendor Selected:		Guardian RFID		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		[Redacted]		32768	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		YIN, S.		36468	
<input type="checkbox"/> Required if Over \$45,000		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:	
<input type="checkbox"/> Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH NOVEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
11/1/21	BANK BALANCE WELLS FARGO BANK 		\$ 1,519,763.42		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$0			
	TOTAL		\$1,519,763.42		
RECEIPTS THIS MONTH					
11/9/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER	\$5639.17			
11/8/21	INTEREST EARNED	\$14.86			
	TOTAL		\$5,654.03		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,525,417.45		
DISBURSEMENTS THIS MONTH					
11/3/21	Check #2039 RKM COMMUNICATIONS IWF 21-059	\$675.00			
11/3/21	Check #2040 PROBOXING EQUIPMENT IWF21-060	\$1,157.29			
11/3/21	Check #2041 PROBOXING EQUIPMENT IWF 21-061	\$1818.79			
11/16/21	Check #2042 DIRECTV IWF21-062	\$321.99			
11/16/21	Check #2043 PERCISION DYNAMIC CORP IWF21-063	\$941.23			
11/16/21	Check #2044 LA DAILY NEWS IWF21-064	\$1,644.98			
11/16/21	Check #2045 HOME DEPOT(EBONI BRYANT) IWF21-065	\$186.04			
11/19/21	Check #2046 BUI UNIFORM CO IWF21-066	\$36,059.45			
	TOTAL		\$ 42,804.77		
			\$1,482,612.68		
ENDING BALANCE					
11/31/21	BANK BALANCE		\$1,521,648.21		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$39,035.53			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,482,612.68		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 12/22/21	AUDIT COMMITTEE JEFF WONG N2799 JERRY LEE N4522 		PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
10/20/2021		Facility visit to diagnose television cabling issue 103 A, B, C		INF 21-059.	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No. 27583	
				Admin Section Review Signature	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Facility visit and labor to diagnose and repair cabling issue, to tv and video feed in cells					
Justification for expenditure (how will the expenditure benefit inmates):					
These televisions are part of the arrestee recreation program and the Alcoholics Anonymous video is deemed beneficial to the arrestees housed at Valley Jail Section and is part of the Daily programs for the Arrestee housed at Valley Jail Section, helping in meeting compliance of Title 15 section 1065. (b) "Exercise and Recreation".					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
675.00		675.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		675.00	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Joe Hernandez		32765	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		SGT II B. VANE		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.:	
				Date:	
				10-26-21	
				Date:	
				10-26-21	
				Date:	
				10/20/21	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER				
10/27/21		Training - Protective Head Gear				IWF 21-060				
Submitted by:		Serial No.		Assignment:		Phone:				
Sgt. Coss		37023		TU		[REDACTED]				
Type of Expenditure:		Facility:		Section/CIC Approval Signature:		Serial No.				
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]				
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature:				
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):						
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):										
30 - Protective Training Gloves										
Justification for expenditure (how will the expenditure benefit inmates):										
<p>The use of protective training gloves for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The training gloves will be worn by all recruit officers in the performance of these activities, reducing injury from hand to hand self defense or during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.</p>										
2 of 2										
Reason City resources were not used for expenditure:										
City funds were not budgeted for this expense.										
Estimated Cost:		\$ 1,157.29		Actual Cost:		\$ 1,157.09				
City Approved Vendor:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)										
Company Name		Contact		Phone:		Estimate:				
1	Pro Boxing Equipment	Moe		[REDACTED]		\$ 1,157.29				
2										
3										
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other						
DO NOT WRITE BELOW THIS LINE										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:			
	GARY NEWTON				47010		10-27-21			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:			
	S. YIN				36462		10/27/21			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:			
	Sgt II B. Valle				35110		10-27-21			
Required If Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied										
Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied										

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
10/27/21		Training - Protective Head Gear				FWF 21-061	
Submitted by:		Serial No.		Assignment:		Phone:	
Sgt. Coss		37023		TU		[REDACTED]	
Type of Expenditure:		Facility		Section/DIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	37023	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
30 - Protective Boxing Head Gear							
Justification for expenditure (how will the expenditure benefit inmates):							
<p>The use of protective boxing head gear for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The protective head gear will be worn by all recruit officers in the performance of these activities, reducing injury from falling and/or colliding with another recruit's head during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.</p>							
1 of 2							
Reason City resources were not used for expenditure:							
City funds were not budgeted for this expense.							
Estimated Cost:		\$ 1,818.79		Actual Cost:		\$ 1,818.79	
City Approved Vendor:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Pro Boxing Equipment	Moe		[REDACTED]		\$ 1,818.79	
2							
3							
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			[REDACTED]		Serial No.:	Date:
	GARY NEWTON					47010	10-27-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			[REDACTED]		Serial No.:	Date:
	S. YIN					36468	10/27/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			[REDACTED]		Serial No.:	Date:
	Sgt. T.B. Valle					35110	10-27-21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000			Commanding Officer, SSG:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$80,000			Commanding Officer, ASB:		Serial No.:	Date:
				Signature:			

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
11/09/2021		DirecTV				IWF- 21-062		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	32705	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X2111002, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.								
Estimated Cost:		\$321.99		Actual Cost:		\$321.99		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$321.99		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
	Orlando Chandler				26288		11/10/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	GARY NEWTON				47010		11/10/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:			
	Sgt. II B. Valle		35110		11/19/21			
Required If Over \$40,000		Commanding Officer, SSC:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								
Required If Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/09/2021		PDC				IWF- 21-063	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED]	32765
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
<p>PDC Invoice # 9344858920, for arrestee wrist bands. Laminator, Item #705-00-PDA, \$595.00 Laminator, Item #698-00-PDA \$ 331.43 Total 941.23</p>							
Justification for expenditure (how will the expenditure benefit inmates):							
Laminators are needed for inmate's wrist bands.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$941.23		Actual Cost:		\$941.23	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	PDC	Customer Service		[REDACTED]		\$941.23	
2							
3							
Vendor Selected:		PDC		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	[Signature]		[REDACTED]		26288		11/10/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	GARY NEWTON		[REDACTED]		47010		11/10/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	Sgt. II B. Valle		[REDACTED]		35110		11/9/21
Required if Over \$40,000		Commanding Officer, SSG:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/10/21		English Newspaper				IWF-21- 064	
Submitted by:		Serial No.		Assignment:		Phone:	
M. CARTER		N3754		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section/OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 52768	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	HOLLYWOOD JAIL	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Yearly subscription to the Daily News (English newspaper) for Hollywood Jail.							
Justification for expenditure (how will the expenditure benefit inmates):							
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).							
Reason City resources were not used for expenditure:							
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.							
Estimated Cost:		\$1,644.98		Actual Cost:		\$1,644.98	
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	L.A. DAILY NEWS	Customer Service		818-713-3131		\$1,644.98	
2							
3							
Vendor Selected:		LA DAILY NEWS		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	Orlando Chandler		[REDACTED]		26258		11/10/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	GARY NEWTON		[REDACTED]		47010		11/15/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	Sgt 11 B. Valle		[REDACTED]		35110		11/15/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000: Commanding Officer, SSG:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000: Commanding Officer, ASB:		Signature:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
11/15/21		TP LINK GIGABIT SWITCH				FWF 21 - 065		
Submitted by:		Serial No.		Assignment:		Phone:		
SDO BRYANT		N4517		CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]		
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):								
10-TP LINK - 5 PORT GIGABIT SWITCH								
Justification for expenditure (how will the expenditure benefit inmates):								
This purchase was for ten Ethernet splitters to connect the Axon Taser 7 to LAPD's Local Area Network (LAN). [REDACTED]								
Reason City resources were not used for expenditure:								
No City funds are allocated.								
Estimated Cost:		\$ 186.04		Actual Cost:		\$ 186.04		
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Eboni Bryant	Eboni Bryant		[REDACTED]		\$ 186.04		
2								
3								
Vendor Selected:		Eboni Bryant		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:				Serial No.:		Date:	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/09/2021		BUI UNIFORM CO.				IWF- 21-066	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	[REDACTED]	32768
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
BUI Uniform Co. Quotation # 6037, Replacement Blanket (Style 9800) and Mattress Cover (Style 9810) for MDC.							
1. Blanket: Style # 9800, 300 Quantity, \$70.95 Price, \$21,285.00 Amount 2. Mattress Cover: Style 9810, 600 Quantity, \$19.41 Price, \$11,646.00 Amount							
TOTAL \$36,059.45							
Justification for expenditure (how will the expenditure benefit inmates):							
Blankets and Mattress Covers are for arrestees in housing units, per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		\$36,059.45		Actual Cost:		\$36,059.45	
City Approved Vendor:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	BUI Uniform Co.	Customer Service		[REDACTED]		\$36,059.45	
2							
3							
Vendor Selected:		BUI Uniform Co.		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		[REDACTED]		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: ORLANDO CHANDLER		[REDACTED]		Date: 11/19/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NGUYEN		[REDACTED]		Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. II B. Valle		[REDACTED]		Date: 11/10/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000 Commanding Officer, ESG:		[REDACTED]		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000 Commanding Officer, ASB:		[REDACTED]		Date: 11/9/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		[REDACTED]		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				[REDACTED]		Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH DECEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
12/1/21	BANK BALANCE		\$ 1,521,648.21		
	WELLS FARGO BANK [REDACTED]				
	DEPOSITS IN TRANSIT	\$39,035.53			
	OUTSTANDING CHECKS	\$0			
	TOTAL		\$1,482,612.68		
RECEIPTS THIS MONTH					
12/21/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER	\$1314.54			
12/8/21	INTEREST EARNED	\$2.27			
	TOTAL		\$1316.81		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,483,929.49		
DISBURSEMENTS THIS MONTH					
12/9/21	Check#2047 VOIDED	\$0.00			
12/9/21	Check#2049 VOIDED	\$0.00			
12/9/21	Check # 2048 DIRECTV IWF 21-068	\$321.99			
12/17/21	Check # 2050 ASSI SECURITY IWF21-070	\$685.00			
	TOTAL		\$ 1006.99		
			\$1,482,922.50		
ENDING BALANCE					
12/31/21	BANK BALANCE		\$1,483,607.50		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$685.00			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,482,922.50		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
[REDACTED]		1/12/21	[REDACTED]		DO M.CARTER N3754
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			JEFF WONG N2799		[REDACTED]
			JERRY LEE N4522		TELEPHONE EXTENSION
					[REDACTED]

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
12/07/2021		DirecTV				IWF- 21-068		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32745		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X211202, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.								
Estimated Cost:		\$321.99		Actual Cost:		\$321.99		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$321.99		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
	CAPTAIN ORLANDO CHANDLER				26288		12-07-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	GARY NEWTON				47010		12-07-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	Sgt II B. Valle				35110		12-07-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, SSC:		Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
12/9/21		Installation of backup battery at Pacific Jail				IWF 21 - 070		
Submitted by:		Serial No.		Assignment:		Phone:		
PDO Yue [REDACTED]		G9223		CSD/77th St. RJS		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS	[REDACTED] 1297		
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):								
Installed a new UPS Battery Back-up [REDACTED]								
Justification for expenditure (how will the expenditure benefit inmates):								
In the event a power surge or a power failure in the building, this installation of a back up battery is critical to ensuring everything is recording continuously. Moreover, it is to ensure that officers at the jail can monitor the inmates that are in custody in live mode. This is a risk management and liability issue.								
Reason City resources were not used for expenditure:								
ASSI is the approved vendor and installer of the current system at Pacific Jail.								
Estimated Cost:		\$685.00		Actual Cost:		\$685.00		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1				-				
2				-				
3				-				
Vendor Selected: ASSI				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other				
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		12-13-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				47010		12-13-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle				35110		12-13-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000		Commanding Officer, SSG:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:	